

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for HCPCS Codes L0180, L0172, L0120, E0977, and E0236.
- b. The request was received on April 19, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. Initial response not submitted
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on July 1, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Requestor submitted no position statement.
2. Respondent: Respondent did not submit any responses.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on June 8, 2001 and extending through January 8, 2002.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/08/01	L0180-NU	\$400.00	\$196.92	F	DOP \$400.00 - \$196.92 = \$203.08	TWCC Act & Rule Section 134.1(f)  MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted redacted EOBs to support the charges billed; therefore reimbursement in the amount of \$203.08 is recommended.
06/08/01	L0172-NU	\$195.00	\$180.92	F	DOP \$195.00 - \$180.92 = \$14.08	TWCC Act & Rule Section 134.1(f)  MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted redacted EOBs to support the charges billed; therefore reimbursement in the amount of \$14.08 is recommended.
06/08/01	L0120	\$50.00	\$9.35	F	DOP \$50.00 - \$9.35 = \$40.65	TWCC Act & Rule Section 134.1(f)  MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted redacted EOBs to support the charges billed; therefore reimbursement in the amount of \$40.65 is recommended.
08/08/01	E0977	\$185.00	\$103.94	F	DOP \$185.00 - \$103.94 = \$81.06	TWCC Act & Rule Section 134.1(f)  MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted only one redacted EOBs to support the charges billed; therefore, it cannot be determined if \$185.00 is the usual and customary amount for this DME item. Reimbursement is not recommended.

01/08/02	E0236- NU	\$494.00	\$380.76	F	\$113.24  \$494.00 - \$380.76 = \$113.24	TWCC Act & Rule Section 134.1(f)  MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted only two redacted EOBs to support the charges billed; therefore, it cannot be determined that \$494.00 is the usual and customary amount for this DME item. Reimbursement is not recommended.
<b>Totals</b>		\$1,324.00	\$871.89				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$257.81</b>

## VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$257.81 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 23<sup>rd</sup> day of January 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf